

CHAPTER 4

CATAWBA COUNTY, NORTH CAROLINA

Catawba County, North Carolina, developed several innovations to improve child protection, including minimum community standards for child safety, an automated client information system, and the colocation of social workers and law enforcement for investigation of child sexual abuse and extreme physical abuse. This report focuses on innovations in two areas—domestic violence policy and practice as well as the use of family conferencing. The agency’s domestic violence protocols were newly implemented. While family conferencing was not a new initiative, it was included because it was unique within most child welfare settings.

OVERVIEW OF CHILD PROTECTIVE SERVICES (CPS)

North Carolina law provides for protective services for children ages birth to 18 years who are allegedly maltreated by a parent or caregiver. The law requires that any person who suspects that a child has been abused or neglected report the case to the local department of social services in the county where the child resides or was located. Reports are taken orally, in writing, or in person. The reporter has immunity from criminal or legal liability if the report is made in good faith. The reporter is encouraged to provide his or her name; however, anonymous calls are accepted.

The Catawba County Child Protection Unit, located at the main social services building in Hickory, NC, is available by telephone 24-hours a day, 7 days a week. A reporter does not have to prove that abuse and neglect has taken place, but has to have reasonable grounds for suspicion. The reporter does not require permission from caregivers to make a report, nor is it required that the caregivers be informed that a report was made.

A social worker and supervisor determine whether the allegations contained in the report meet the legal definition of abuse, neglect, or dependency. The agency has jurisdiction only when the alleged maltreatment falls within legal definitions and was committed or allowed by a parent or caregiver. If the allegations and alleged perpetrator meet these criteria, an investigation is initiated. If a report is not accepted for investigation, the reporter has a right to challenge that decision through an agency review process.

As part of an initiative to reinvent the government, the Board of County Commissioners directed some agencies in the county, including Catawba County Social Services (DSS), to become outcome driven rather than financially driven. This gives the agency greater control over its budget, given it meets the developed outcomes. Between 115 and 120 outcomes have been developed, more than one-half of which are directly related to child welfare. If the agency meets 90 percent of its outcomes, it will be eligible to continue with the initiative.

ORGANIZATION OF THE CPS AGENCY

The North Carolina Division of Social Services (DSS) is a State-supervised, county-administered system. Catawba County Department of Social Services is the child welfare office for the county. At the time of the interview, DSS had a total workforce of 300 employees—155 in the child welfare division and 20 responsible for CPS investigations.

A social worker initiates investigations within 24 hours of the report of abuse. Investigations that involve allegations of neglect and pose no immediate risk to the child are initiated within 72 hours; however, 72 percent of these cases were initiated within 24 hours of the report.

During the investigation, the social worker completes a number of investigative tasks:

- All children within the household are seen within 24 or 72 hours, depending upon the type of maltreatment alleged;
- Parents and caregivers are seen on the same day as the children;
- The alleged perpetrator is interviewed;
- All other persons who reside in the household are interviewed;
- A home visit takes place to determine if the environment poses any safety threat to the child;
- A safety response is developed, in writing, with the family to assure immediate protection of the child;
- Collateral contacts are made with any and all persons who may have information about the family (i.e. physicians, social workers, psychologists, teachers, guidance counselors, law enforcement personnel, neighbors, and extended family members);
- Law enforcement is contacted to initiate a criminal investigation in cases where severe physical abuse or sexual abuse has occurred;
- A risk assessment is completed to assess the likelihood of future risk of maltreatment;
- Family dynamics and patterns of interaction are assessed;
- The social worker determines the need for ongoing intervention services aimed at maintaining a safe permanent home or arranges temporary plans for the child's care with a relative or other substitute care, such as a foster home, when no appropriate relative is located; and
- The reporter is notified of the agency finding regarding whether the agency filed a petition for court intervention.

During the screening process, the intake worker consults with a supervisor who decides whether or not to refer the case for investigation. One option is to send the case to outreach services. The case would not be opened as a CPS case, but would remain inside the agency for services. These ongoing, in-home treatment cases also remain within the agency. The target date for completion of an investigation is 30 days from the receipt of the report.

REFORM EFFORTS

DSS reported that the reforms discussed below have the potential for significantly improving the safety of children and the lives of children and families involved with the department.

Background of Reform Efforts

The following section describes the considerations made regarding domestic violence and family conferencing protocols.

Domestic Violence Policy and Practice

Domestic violence is a serious, familial problem that has had a significant impact on the functioning of families, especially the safety of children. DSS reported that domestic violence was involved in approximately 30 percent of cases referred for investigation. Recognizing the frequency of this problem in the community, DSS decided to implement a consistent approach to identifying domestic violence as a contributing factor to child maltreatment and incorporated strategies to correct family problems related to, or resulting from, domestic violence. This policy was based on the primary function of DSS—to assure the safety of children either by reducing the risk of harm or by identifying and implementing alternative solutions. The department intervenes in the life of a family only following the determination of harm to a child.

DSS incorporated a domestic violence protocol into the CPS process that was developed by Mecklenburg County, North Carolina. The Catawba County Response to Domestic Violence Task Force, an external workgroup, including such community organizations as First Step (a domestic violence agency), local government and businesses, and law enforcement, was established. An internal work group at DSS—comprised of investigators, clinical specialists, foster care workers, and supervisors—ensures that department policies and practices are consistent with the task force recommendations.

The internal workgroup developed a protocol that requires:

- An action meeting taking place early in the case that includes law enforcement and staff from First Step;
- The victim and perpetrator being treated as two separate cases; and
- Petitions being filed on any perpetrator who does not make progress within 6 months.

It was the view of DSS that domestic violence victims must be protected and provided with services while perpetrators are held responsible.

Family Conferencing

Family group conferencing was developed from a Maori tradition in New Zealand. The process was adapted by police in Australia, and then introduced to the United States where police agencies, juvenile courts, and probation departments were among the first to use the process. The process has since been adopted by child welfare agencies.

Family conferencing in Catawba County began as part of the Families for Kids (FFK) project, funded by the W. K. Kellogg Foundation (WKKF), during 1996 when it was used with families to facilitate decisionmaking with the adoption process.

Objectives

The objective of the domestic violence reform is to ensure the safety of children in families where domestic violence has occurred. The objectives of the family conferencing reforms are to

empower families and to assure that children remain safe in their own homes and avoid out-of-home care.

Practice Components

The following section describes how the domestic violence protocols and family conferencing were put into practice.

Domestic Violence Policy and Practice

At the time of the initial CPS report, or at any point during the life of a case, if there is a possibility of domestic violence, the social worker assesses whether there is a risk to child safety. During the investigation phase, or when domestic violence appears to be a factor, the social worker is required to develop safety plans specific to the victim of domestic violence and the child for their use during any future incidents. Social workers record and document the factors that contributed to the risk of harm to the child. Adult caretakers and children are referred to First Step, a local domestic violence agency and women's shelter, for assessment and recommended treatment in all cases where domestic violence is identified as a safety risk to the child.

If the risk of harm to the child is high and the parent is unable or unwilling to assure the child's safety by correcting the risk factors or arranging for an alternative safe living arrangement, the department will file a petition requesting court-ordered intervention, which may include custody. In addition, a petition may be filed if the risk of harm to the child is at least moderate after 6 months of services to attempt to correct the risk factors. The petition clearly delineates efforts the victim of domestic violence makes to protect the children and any lack of effort or the cooperation by the perpetrator.

In cases of domestic violence where no child abuse or neglect has occurred the case is referred to First Step. Typically, First Step asks the family's permission to report the outcome of their services to DSS. Policies and practices to treat domestic violence include such interventions and services as shelters; case management; referrals for jobs, housing, alcohol treatment, and clinical services; assistance by law enforcement; and referrals for legal services. During the referral process, the case is kept open by DSS. Workers provide case management services and confer with First Step.

The approach used with offenders is the nationally recognized Duluth model which consists of 31 psycho-educational group sessions.¹ Participation in the program is either voluntary, through DSS referral, or court-ordered. The program attempts to keep the family together, if possible. If, after 6 months, there is still a risk of child maltreatment, the case is referred to court for review.

DSS also uses an intermediate step for domestic violence cases—Action Meetings. These are essentially family group conferences with professional staff. The conveners are cautious regarding the role of the offender during these meetings.

Potential barriers to implementation were identified. Some workers reported that addressing domestic violence is not a legitimate role for CPS. Some workers believed that removal of the child from the home is the only safe solution in the short term. Others were reluctant to involve

¹ National Training Project. (2002). *Creating a public response to personal violence*. Duluth, MN: Author.

the offender in the assessment and in the ongoing treatment of the family. In addition, some workers pointed out that families often require pro bono legal services that are difficult to find in Catawba County, especially when the cases involve child custody disputes.

Family Conferencing

Catawba County uses the term family conferencing, or family group conferencing, to describe their adaptation of this process. Staff members use two models—Community Action Teams or Action Meetings and Family Group Decisionmaking. These models are based upon family-centered practices that recognize the strengths of the family and encourage their involvement in developing creative solutions to problems.

The meetings are voluntary, facilitated by a neutral third party, and the referring social worker is open to family options. The Action Team Meeting can be held at any time, but it usually is held after CPS substantiation of child abuse or neglect. It is not part of the investigation. In general, the technique is used at pivotal points in a case, such as the identification of the need for substance abuse treatment or possible placement into out-of-home care. The intervention is used for approximately 25 percent of substantiated cases and for almost one-half of ongoing treatment cases.

The Family Group Decisionmaking model was implemented through North Carolina State University's Social Work program and was directed by Dr. Joan Pennell. The criteria for this model require:

- A clear purpose;
- More family members than professionals attending the conference;
- Thorough preparation of family and other attendees for the meeting;
- Private time for the family to discuss and create a plan to address clearly defined issues; and
- An emphasis on respecting family rituals and traditions.

The purpose of Community Action meetings is primarily to divert children from DSS custody. Family Group Decisionmaking is used to promote case planning and decisionmaking with the participation of family members. An important distinction between the two is that during Family Group Decisionmaking, CPS or other professional staff leave the meeting and the family makes decisions without professional support, presence, or oversight. Considerations for allowing families to meet alone include the size of the family and amount of available support. The professionals guide, but do not direct, the process. The facilitator of the meeting is not part of the case, i.e., not the ongoing worker or supervisor. However, there is always an individual present to represent and interpret department policy and who approves any decisions that cost money. The presence of a supervisor at the meeting lends authority to the proceedings.

There is no specialized family conferencing unit. Treatment workers were trained to use the intervention. DSS found that although family conferencing was labor intensive, the benefits outweighed the costs of recidivism and out-of-home care.

Results

The following section describes the available documentation on the results of the reform efforts. Some outcome data, as well as statistics derived from two consumer satisfaction surveys, are available.

Domestic Violence Policy and Practice

The agency was in the process of developing outcomes for the domestic violence protocol that will eventually become part of a system for tracking agency performance. It is the agency's hope that this will be accomplished sometime during 2003. Some workers stated that the protocols strengthened relationships between CPS and treatment workers due to the collaborative development of the protocols.

Family Conferencing

The half-time position of the family group conferencing coordinator was created to manage family conferencing. Beginning during 2002, cases that used family conferencing were tracked for resubstantiation of substance abuse, new CPS reports, and entry of children into DSS foster care. Eighteen families and 25 children were followed for 9 months. Of this group, 92 percent of the children remained out of DSS foster homes and 33 percent of the cases were closed since the time of the original family conference.

A satisfaction survey was administered at the conclusion of the Action Meetings and Family Group Decisionmaking. Questions were asked regarding satisfaction with the meeting process, family involvement in the process, and the decisionmaking. More than ninety percent of families (92%) and service providers (95%) were satisfied with the Community Action meetings. A similar proportion of families (92%) and slightly fewer service providers (86%) were satisfied with Family Group Decisionmaking. The overall satisfaction percentages were:

Community Action meetings:	Family	92.3% satisfied
	Service Providers	94.5% satisfied
Family Group Decisionmaking:	Family	92.1% satisfied
	Service Providers	86.3% satisfied

FUTURE DIRECTIONS

The following section briefly describes conditions in the agency culture that will serve to sustain its ongoing reform efforts.

Conditions that Sustain Reform

Throughout the history of reform at DSS, the agency received unequivocal administrative support at the agency and county levels.

Domestic Violence Policy and Practice

CPS worker attitudes about domestic violence and its role in child safety have been barriers that must be overcome to support reform. The county has been making progress in the development of protocols and support for worker training.

Family Conferencing

To support family conferencing, all treatment workers receive 4 hours of training. Prior to conducting an Action Meeting or Family Group Decisionmaking session, they shadow an experienced worker, write a synopsis of their experiences, and review the notes with the family group conference coordinator.

Future Plans

Training on the domestic violence protocol will continue.

Domestic Violence Policy and Practice

Training will be developed and implemented countywide. The following protocols will be the subject of any ongoing training.

The initial assessment protocol includes instructions to gather information about possible domestic violence:

- Ask if there are concerns about emotional or physical domestic violence and interview partners separately to gather this information;
- If there are concerns about violence, ask reporting partner to describe them;
- Look and listen for behavioral indicators of domestic violence, including emotional abuse;
- Identify other community service providers involved with the family;
- Identify the support system available to the family;
- Utilize a screening instrument to assess the lethality of the violence;
- Refer both parties to First Step for assessment (women's assessment is free; men's assessment is \$25); and
- Complete a safety plan with the recipient for herself and one for the children, using the examples from First Step.

The Case Planning and Case Management protocol include the followup directive.

- Two service plans will be initiated, one for the recipient of the violence and one for the initiator of the violence. Template drafts will be available; observe standard for wording.
- Service planning will include a safety plan for the mother and a safety plan for the children.
- Develop a "code" by which the mother can contact the social worker and indicate a situation dangerous to her or the children.
- Unless the perpetrator is engaged in—and making significant progress in—domestic violence treatment, family conferences will not regularly be used in these cases. A treatment team meeting with the mother and any service providers will be utilized instead. If the perpetrator is progressing in treatment, and the safety level has increased, a family conference may be held. This determination should be made in consultation with the social work supervisor and First Step service provider.
- Any petition for cooperation will clearly state efforts the mother is making to protect herself and the children, rather than the lack of cooperation by the violent party.

- Assure that both parties follow treatment recommendations from First Step assessments. A referral for anger management services is not sufficient unless recommended by First Step assessment.
- Agency safety assessment, risk assessments and reassessments, and strengths and needs assessments will be completed quarterly or whenever there is a significant change in case status.
- If risk remains moderate after 6 months of services, the case will be staffed for possible petition for cooperation.

Family Conferencing

The State of North Carolina has been attempting to implement family group conferencing as a statewide model of best practices in child welfare. The Catawba County family group conferencing coordinator was hired by the North Carolina Division of Social Services to work 1 day per week on this effort.

SUMMARY

The North Carolina Division of Social Services is a State-supervised, county-administered child welfare system. Catawba County Department of Social Services (DSS) is the child welfare office for the county government. The Department implemented several innovative practices, including the outcomes project, the development of minimum community standards for child safety, an automated client information system, and the colocation of social workers and law enforcement for the investigation of child sexual abuse and extreme physical abuse. In order to focus this report, it was limited to describing the county's domestic violence policy and practice and the use of family conferencing. The domestic violence policy and practice changes have strengthened relationships between CPS and treatment workers and are expected to increase child safety. Family conferencing has contributed to preventing the removal of children to out-of-home care and increased the likelihood that problems are resolved and the cases closed.